

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-008856

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1652

FILED FEB 16 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN **ST. Louis**

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

**Missouri**

c. CITY

OR TOWN

**ST. Louis**

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION **Mo Baptist Hosp**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

**8933 EDNA**

Reside on Farm

Yes ☒ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

**OTTO**

**H**

**TUEPKER**

**2-6-1962**

## 5. SEX

**Male**

## 6. COLOR OR RACE

**White**

## 7. Married

☐ Never Married ☒ Widowed

## 8. DATE OF BIRTH

**12-20-1884**

## 9. AGE (last birthday)

**79**

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Carpenter**

## 11. BIRTHPLACE (City and state or country)

**ST. Charles Co, Mo**

## 12. CITIZEN OF WHAT COUNTRY

**USA**

## 13a. FATHER'S NAME

**Henry Tuepker**

## 13b. MOTHER'S MAIDEN NAME

**Wilhelmina Lindbruecker**

## 14. NAME OF HUSBAND OR WIFE

**Ottile**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

**No**

## 17. INFORMANT

**Rolando Tuepker 3120 Hargrove La.**

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

**Pneumonia, apurified.**

**Carbo nauti thalosis**

**dysphagia 332x**

## INTERVAL BETWEEN ONSET AND DEATH

**2 days**

**yes**

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**Not infarct.**

### PART III. If deceased was female, was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## 20b. SUICIDE

☐

## 20c. HOMICIDE

☐

## 20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20e. TIME OF INJURY

Hour a.m. p.m.

## 20f. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

## 20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20h. CITY, TOWN, OR LOCATION

## 20i. COUNTY

## 20j. STATE

## 21. I attended the deceased from

**2-1-62** to **2-6-62**

## 21. I attended the deceased from

**8:30** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 21. I attended the deceased from

**8:30** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 21. I attended the deceased from

**8:30** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

**W. K. Kimbrell**

## 22b. ADDRESS

**100, 1st Ave**

## 22c. DATE SIGNED

**2-8-62**

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

## 23b. DATE

**2-9-1962**

## 23c. NAME OF CEMETERY OR CREMATORY

**Friedens**

## 23d. LOCATION (City, town, or county)

**ST. Louis MO**

## 23e. (State)

## 24. FUNERAL DIRECTOR

**O'SULLIVAN Muckle-Kron**

## 24. ADDRESS

**8806**

## 25. DATE RECD. BY LOCAL REG.

**FEB 8 1962**

## 26. REGISTRAR'S SIGNATURE

**Roland Smith, M.D.**

## 26. REGISTRAR'S SIGNATURE

**Roland Smith, M.D.**

## 26. REGISTRAR'S SIGNATURE

**Roland Smith, M.D.**

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

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N. KIMMELMAN  
1005 B19 Bend

1<sup>30</sup>  
5<sup>00</sup> Thurs

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.